



HIV/AIDS

Risks and Reality

A LINKAGES
Update

February 2000

Current Issues

Not so long ago, advice on infant feeding was easy: "Breastfed is best fed." With the appearance of HIV/AIDS and increased awareness of the risk of transmission through breastfeeding, policy makers, program managers, and health care providers are struggling to develop appropriate and feasible infant feeding guidelines, especially where HIV prevalence is high. Uncertainty about factors that influence HIV transmission rates and the risks associated with different feeding alternatives hampers the formulation of programs and policies.

For parents, the risks are great and the reality is harsh. Infants can die from either the failure to breastfeed or from the transmission of HIV through breastfeeding.

To make an informed choice on the feeding method, parents need to know the mother's HIV status and the risks associated with each method. The reality is that many parents lack access to HIV testing, accurate information on breastfeeding and HIV, safe breastmilk substitutes, and/or the resources to purchase and use the substitutes appropriately. Where breastfeeding is the norm, the choice *not* to breastfeed may signal that the woman is infected, leading to stigmatization, anger, and isolation from family and community.

LINKAGES' Response

HIV transmission through breastfeeding presents enormous practical and ethical challenges to breastfeeding promotion. LINKAGES' position is that breastfeeding should continue to be promoted as a key child survival intervention, even in countries in Africa that have been hardest hit by AIDS. First of all, the majority of women in these countries are not HIV positive. Secondly, only one out of seven infants born to HIV-positive mothers is infected through breastfeeding. Thirdly, there is growing evidence that it is extremely difficult for those who are HIV positive to safely and continuously formula-feed their babies.

LINKAGES is implementing a Five-Point Plan developed to address the issue of HIV transmission through breastfeeding.

1. Keep technically updated

The best way to approach this complex, emotional, and controversial issue is to begin with the science and factual information. Keeping informed of current research findings and policy developments is essential.

2. Collaborate at multiple levels

International: In September 1997 LINKAGES gathered key stakeholders (USAID, UNICEF, WHO, and UNAIDS) to discuss the issues. Staff also reviewed and commented on guidelines developed by UNAIDS on HIV and infant feeding and provided technical assistance for field testing WHO/UNICEF's training tool on HIV and infant feeding counseling. International donors and PVOs frequently call upon LINKAGES to make presentations on breastfeeding and HIV.

Regional: LINKAGES co-sponsored three regional workshops on mother-to-child transmission of HIV, convened by:

- ♦ Network of AIDS Researchers in East and Southern Africa (NARESA) (Ivory Coast, 1997)
- ♦ Commonwealth Regional Health Community Secretariat (CRHCS) for the Eastern, Central, and Southern Africa region (Mozambique, 1999)
- ♦ Society for Women and AIDS (SWAA) and NARESA (Zambia, 1999)

The workshops were forums for technical updates, discussion, and development of plans for action and advocacy.

National and Local: LINKAGES provided technical assistance to the National Food and Nutrition Commission of Zambia to develop a national policy on HIV transmission and breastfeeding. LINKAGES is collaborating with national and local institutions in Zambia in a demonstration project (see point 4).

3. Disseminate Information

Incomplete or inaccurate information on breastfeeding and HIV is a significant barrier to informed personal choice and sound public policies. LINKAGES' response is to clarify a complex issue so that it is understood by various audiences through timely, state-of-the-art information.

For policy makers, LINKAGES developed and disseminated a risk analysis model to conduct simulations of the risk of HIV transmission through breastmilk versus the risk of death due to artificial feeding in populations affected by HIV. Infant survival in a particular situation is predicted on the basis of the mother's HIV status at delivery and the feeding strategy chosen.

LINKAGES also prepared a six-page response to *Frequently Asked Questions on Breastfeeding and HIV/AIDS* and a technical paper titled *HIV and Infant Feeding: A Chronology of Research and Policy Advances and Their Implications for Programs*.

4. Initiate Programs

Existing international guidelines on breastfeeding and HIV, issued in 1997 by UNAIDS and supported by LINKAGES, need to be made operational in any specific context. In Zambia, LINKAGES is working in Ndola District to set up a demonstration project that integrates voluntary counseling and testing into an MOH antenatal setting and offers information and counseling related to infant feeding and HIV. The demonstration project will document infant feeding patterns and breastfeeding rates.

LINKAGES works with a wide variety of partners that represent national and district levels of the Government of Zambia, Zambian and international nongovernmental organizations, and internal and external HIV/AIDS technical organizations. The following principles guide the project:

- Use formative research results on locally available replacement alternatives and environmental factors to

facilitate safer and more hygienic preparation of replacement foods for infants.

- Provide women access to voluntary counseling and testing so that they know their HIV status and understand the benefits and risks of various infant feeding options.
- Respect a woman's feeding choice and provide her with the counseling and care needed to make that choice as safe as possible.
- Promote safer sexual behavior among parents and partners as the major strategy for reducing pediatric HIV infection.

Implementation of the demonstration project begins in 2000, with replication of the model expected in Zambia and other African countries.

5. Conduct Research

In settings where women are at risk of HIV, successful adaptation and application of guidelines on infant feeding will be hindered until more is learned about the complex factors affecting feeding decisions and their impact on child survival.

As part of ZVITAMBO (Zimbabwe Vitamin A for Mothers and Babies Project), LINKAGES is funding a study, conducted by Johns Hopkins University, that will answer two questions: 1) Does knowledge and concern or perceived risk of exposing a baby to HIV through breastfeeding affect mothers' infant feeding decisions? 2) Among HIV-positive women who choose to provide replacement feeding, what percentage successfully implement that decision and what factors are associated with their ability to do so?

The formative research, conducted in 1999, included focus group discussions, in-depth interviews, and household trials of replacement feeding by HIV-positive mothers. The findings were used to help define the counseling intervention and to develop counseling and training materials. Counselors and recruitment and follow-up nurses received information and training on infant feeding and HIV. Results from the formative research will be available in 2000; the final report with findings from the impact evaluation will be available in 2001.

Contact the Information Resource Center of the LINKAGES Project for our publications and policy initiatives on breastfeeding and HIV and more descriptive information on program and research activities in Zambia and Zimbabwe.

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